

Clinical Reporting for Supervision

Trainee Workbook

Version 2-7-2003



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Acknowledgments

Although the CAMHMIS clinical reporting module is a work in progress, this manuscript documents the first version that was put into full production. The CAMHMIS clinical reporting module was developed through the creativity and hard work of many members of the development team. However, the future success of this tool will depend on the ongoing efforts of all individuals involved in serving the children, youth, and families involved with the Hawaii Child and Adolescent Mental Health Division (CAMHD).

Although all of the contributors to this development effort are too numerous to note, several individuals played essential roles. Original design and conceptualization of the clinical report format and content resulted from the work of Bruce Chorpita and Eric Daleiden, and was indebted to the writings of Tufte and colleagues (Powsner & Tufte, 1997; Tufte, 1983) and a presentation by Youngstrom (1999). Primary design of the technical delivery platform was performed by Robert Lau, Susan Nillias, and Eric Daleiden. Data integration, system interface design, and technical application implementation was performed by Susan Nillias. Programming of the Oracle interface and Excel conversion was completed by Stuart Lee and staff from the Oracle Corporation. Programming of the Excel reporting portion was completed by Eric Daleiden. Networking implementation and maintenance was performed by Robert Lau, Blake Abe, and the staff of CAMHMIS. The reporting system was refined with feedback from many members of the CAMHD management team including Christina Donkervoet, Keli Acquaro, Leonard Batungbacal, Mary Brogan, David Drews, Patricia Harnish, Sharon Nobriga, Virginia Shaw, Sharon Tomas, Alton Tomashiro, and the staff of the Clinical Services Office. Data for the system results from the daily efforts of the numerous care coordinators, families, and other family guidance center personnel.

References

- Powsner, S. M., & Tufte, E. R. (1997). Summarizing clinical psychiatric data. Psychiatric Services, 48, 1458-1461.
- Tufte, E. R. (1983). The visual display of quantitative information. Cheshire, CT: Graphics Press.
- Youngstrom, E. (1999, November). Data dashboards: Information displays that help drive treatment and organizations. Symposium presented at the Association for Advancement of Behavior Therapy, Toronto.

Learning Objectives

1. Learn to retrieve individual and caseload reports.
2. Understand the types of reports available.
3. Interpret reports to answer four common staffing questions.
4. Interpret reports to answer six common clinical questions.

Clinical Report Logon Screen



The image shows a Windows-style logon dialog box titled "Logon". It contains three input fields: "Username:" with the text "interesteduser99", "Password:" with masked characters "xxxxxx", and "Database:" with the text "dohrpt". Below the fields are two buttons: "Connect" and "Cancel". To the right of the dialog box, three arrows point to the input fields with the following instructions:

- Arrow pointing to the Username field: Same as Discoverer
- Arrow pointing to the Password field: Same as Discoverer
- Arrow pointing to the Database field: Enter **dohrpt** only
In lower case

Main Screen Functions

If you check this box, you will only have access to clients currently registered in CAMHMIS.

Be careful of using this when downloading all clients for a Care Coordinator as you may be downloading MOUNTAINS of data!

The screenshot shows a window titled 'WINDOW1' with the following elements:

- Download Case Load Data**: The main title of the window.
- ☒ **Registered Clients Only?**: A checkbox that is currently checked. An arrow points from the text 'If you check this box, you will only have access to clients currently registered in CAMHMIS.' to this checkbox.
- CR No.:** A label next to a text input field. An arrow points from the text 'To download all information for a single youth, enter the CR Number here, then click the Button' to this field.
- Download Client Data**: A button. An arrow points from the text 'On average, this will take 3-5 minutes.' to this button.
- ☐ **Download Detail Data?**: A checkbox that is currently unchecked. An arrow points from the text 'If you check this box, you will download all information for all clients in the caseload. This takes an extra 1-2 minutes per youth on average' to this checkbox.
- Care Coordinator ID:** A label next to a text input field. An arrow points from the text 'To download information for all clients registered to a single care coordinator, enter the CCID here, then click the Button' to this field.
- Download All Clients**: A button. An arrow points from the text 'On average, this will take 1-2 minutes per youth.' to this button.

If you check this box, you will download all information for all clients in the caseload.
This takes an extra 1-2 minutes per youth on average

If you do not download the details, you will not receive service information.

Available Report Content

WINDOW1

Download Case Load Data

☒ Registered Clients Only?

CR No.:

☐ Download Detail Data?

Care Coordinator ID:

Remember: No Details, No Historical Service Information

Achenbach Total Problems
Achenbach Total Competence

CAFAS 8-Scale Total
CAFAS Role Performance

CALOCUS Total
CALOCUS Level

Diagnosis

Interagency Involvement

Service Authorizations

Achenbach Subscales
CAFAS Subscales
CALOCUS Subscales

**Individual
Summary Report**

**Individual
Detail Report**

**Caseload
Report**

**Caseload
Diagnostic**

CALOCUS Level
Service Authorizations
CAFAS 8-Scale Total
Interagency Involvement

CBCL Total Problems
TRF Total Problems
YSR Total Problems
Diagnosis

Data Availability Timeline

The timeline for data availability will be the same in the clinical reporting module as it is for Discoverer reports:

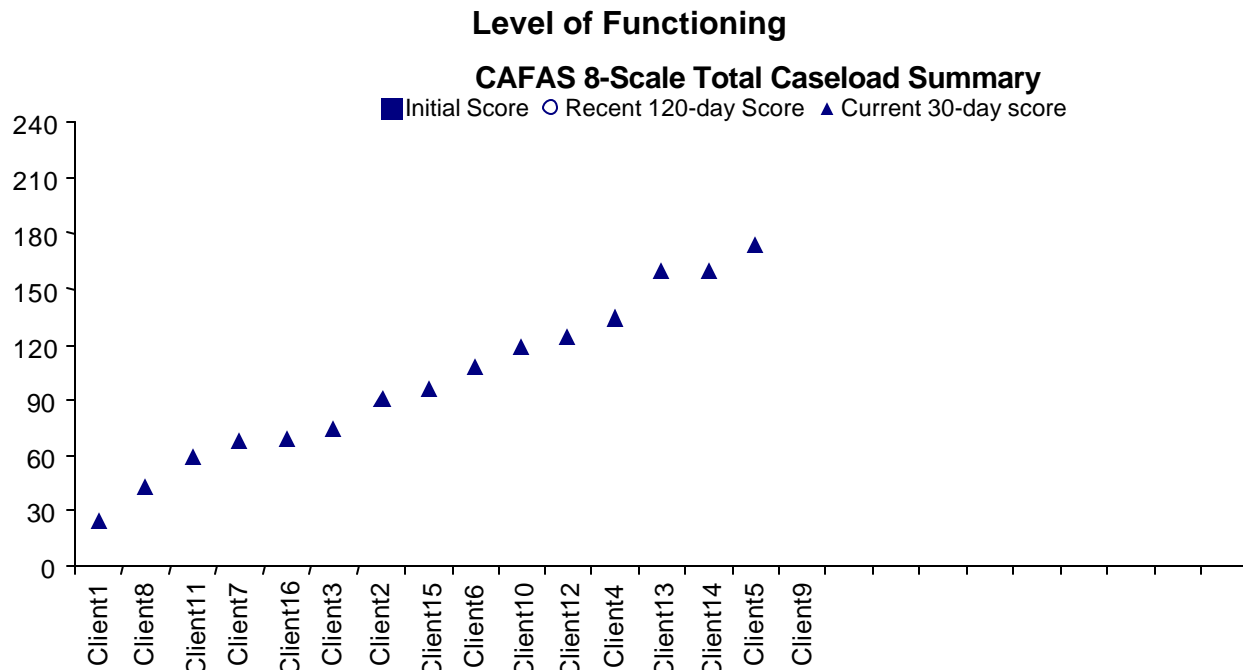
Type of Information	Available
Registration Information	Next Day
Service Authorizations	Next Day
CALOCUS	Next Day
CAFAS	2 – 4 Working Days
Achenbach	7 – 10 Working Days

Reminder: Immediate access to updated information is available after the Save button is pressed in the data entry screens. Some of the data entry screens have Print buttons that produce reports of the updated information.

Four Common Staffing Questions

1. Which youth need outcome measure(s) completed in the next 30 days?
2. Which youth do not have current service authorizations?
3. Which youth have multiple service authorizations?
4. Which youth are involved with other agencies?

1) Which case(s) need(s) a CAFAS completed?



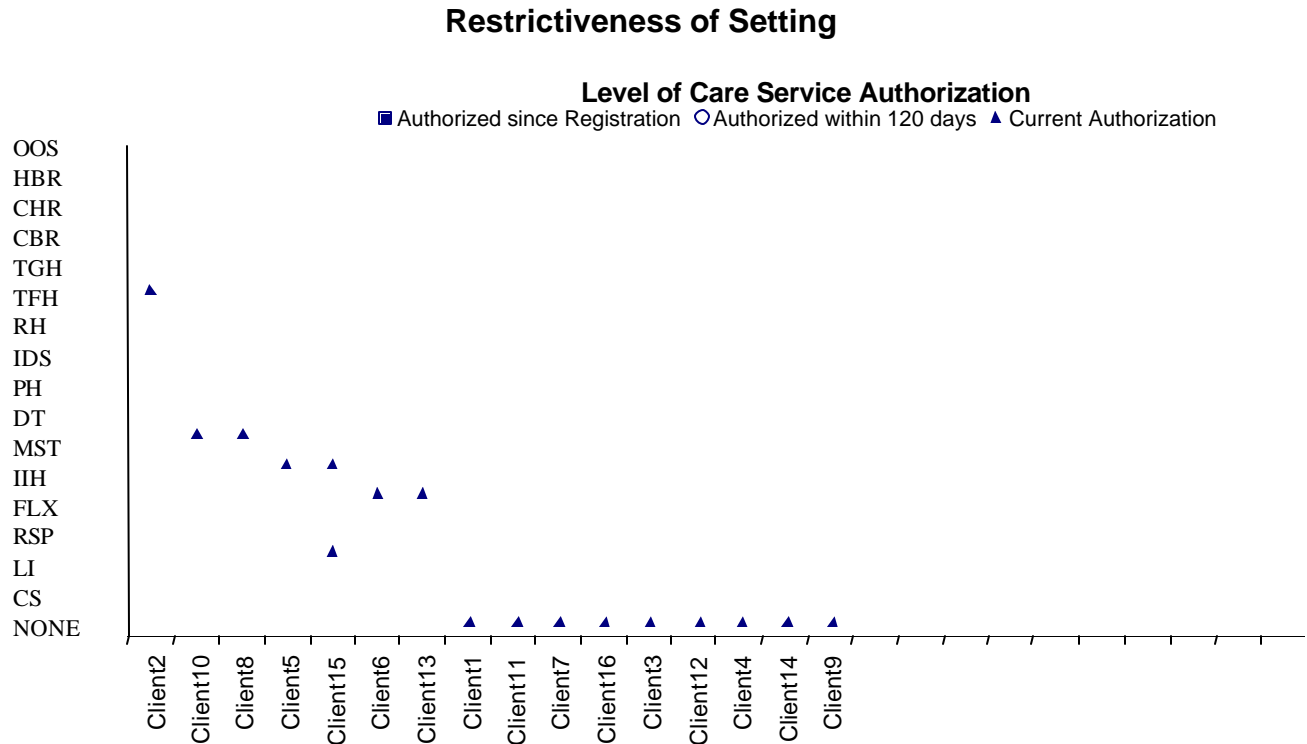
Procedures:

- Is there a triangle present for each youth?
- If no triangle, complete measure within thirty days.

Reminders:

- Triangle disappears from the graph if the measure is due for administration within the next thirty days.
- This does not mean that the measure is past due. The “spirit” of this report is to help planning and to remind personnel of what needs to be completed in the near future. It was not designed to highlight missed opportunities of the past.
- The “current date” is defined as the date that the report was produced and is printed at the top of the report.

2) Which case(s) need(s) a current service authorization?



Procedures:

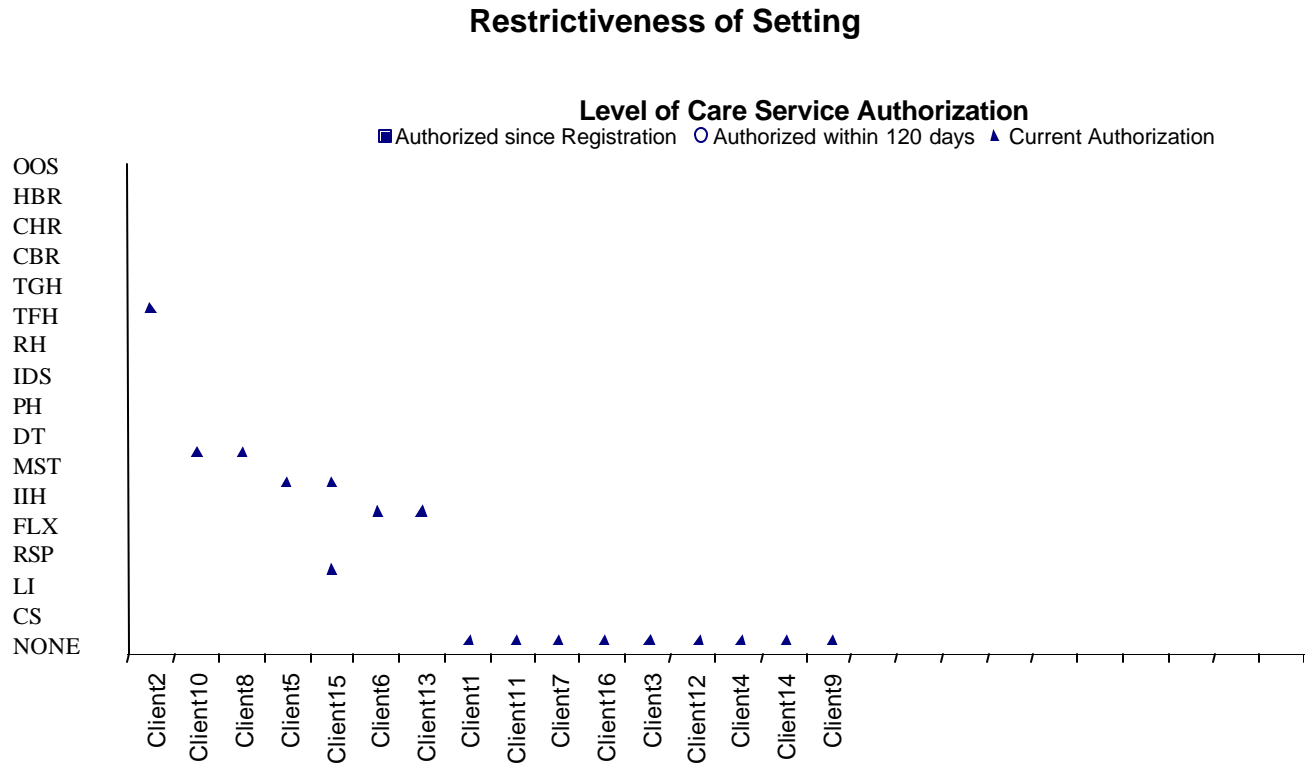
- Examine the bottom NONE row of the graph for each youth.
- If a triangle is present in the NONE row, there is no current service authorization.

Reminders:

- The “current date” is defined as the date that the report was produced and is printed at the top of the report.
- Service authorization may be in the process of being entered into the system.
- Non-DOH procured services (e.g., DOE services) will not show up on this graph.

OOS	Out-of-State	PH	Partial Hospitalization
HBR	Hospital-Based Residential	DT	Day Treatment
CHR	Community High-Risk Residential	MST	Multisystemic Therapy
CBR	Community-Based Residential	IIH	Intensive Home and Community Services
TGH	Therapeutic Group Home	FLX	Flex Services
TFH	Therapeutic Family Home	RSP	Respite Services
RH	Respite Home	LI	Less Intensive Services
IDS	Intensive Day Stabilization	CS	Crisis Stabilization

3) Which case(s) reflect(s) appropriate service authorization?



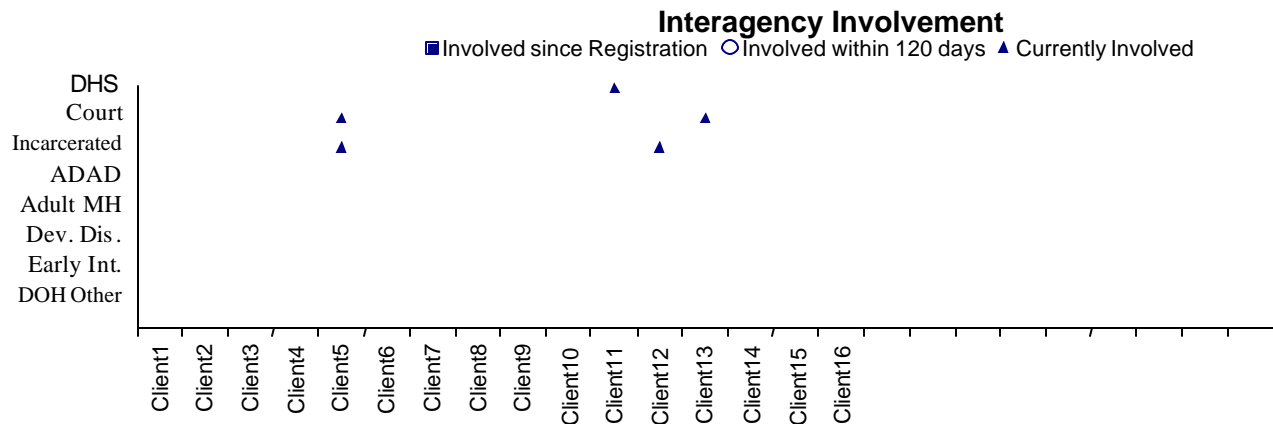
Procedures:

- Are there multiple triangles for any given youth?
- If so, verify if for complementary levels of care.
- If not for complementary levels of care, considering canceling the authorization.

Reminders:

- The “current date” is defined as the date that the report was produced and is printed at the top of the report.
- Recent authorizations and cancellations may still be in the process of being entered into the system.

4) Which case(s) reflect(s) current other agency involvement?



Procedures:

- Is there a triangle(s) present for any youth?
- If no triangle is present, no other agency is involved in the youth's case or the data has not been entered into the system.
- If it is confirmed that other agencies are involved in the youth's case, but does not show up on the graph, update case information.

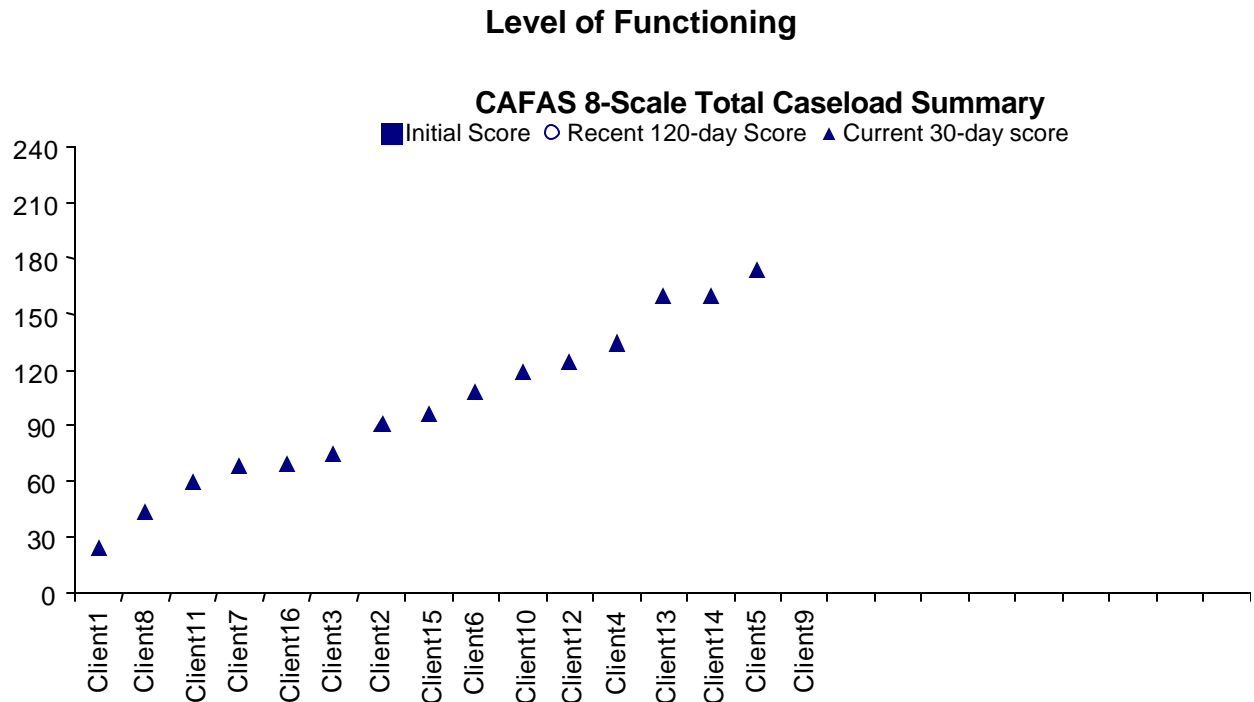
Reminders:

- Data could still be in the process of being entered.
- An end date from a prior entry may have passed.

Six Common Clinical Questions

1. What is a youth's current level of functioning?
2. Is a youth's functioning improving or deteriorating?
3. How much has a youth's functioning changed?
4. What is the highest level of care that a youth is authorized to receive?
5. Has the youth's level of care changed?
6. Does the youth's level of functioning match the authorized level of care?

1) What is the current level of functioning for each youth?



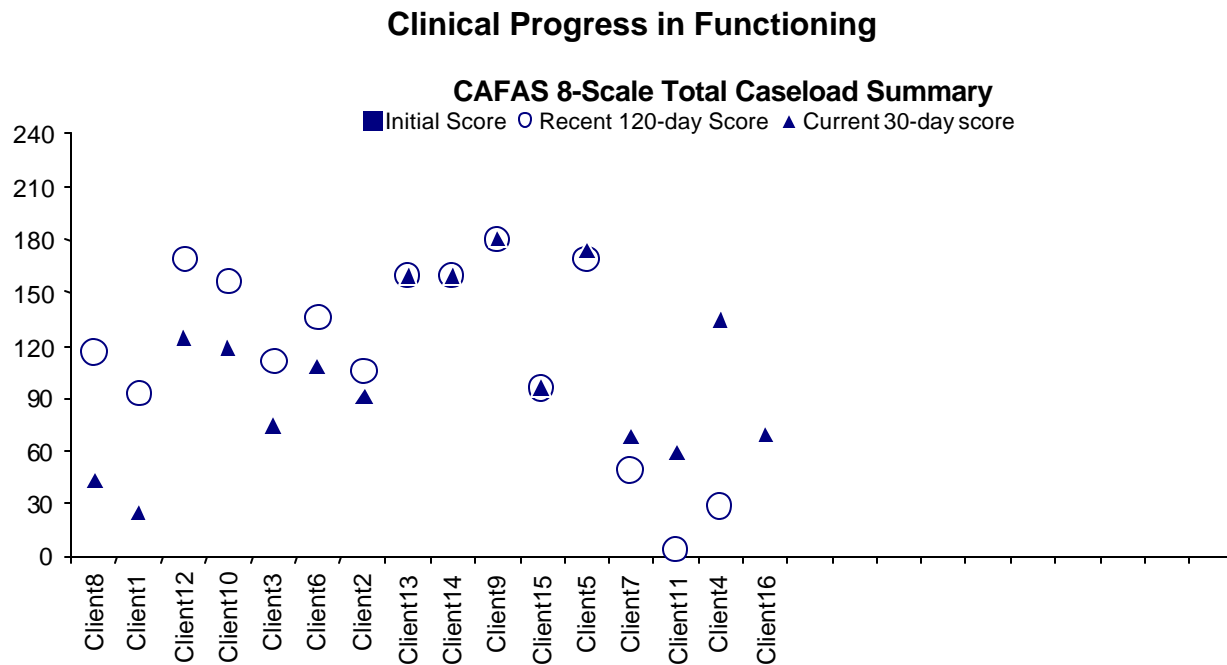
Procedures:

- Examine the overall level of the triangle.
- Is the triangle in the upper, middle, or lower region of the graph?

Reminders:

- For the CAFAS, CALOCUS and Achenbach problem scales, higher scores imply more difficulties/problematic functioning and lower scores imply fewer difficulties/better functioning.
- For the Achenbach competence scales, higher scores imply greater competence/better functioning, and lower scores imply fewer competencies/problematic functioning.
- If no triangle is present, then the circle will be the “next best estimate” of the youth’s functioning.
- The caseload reports present estimated scores that may not be the actual scores obtained during measurements. If you want to see actual scores, then look at the individual report.

2a) For each youth, have their problems become better or worse within the last 120 days?



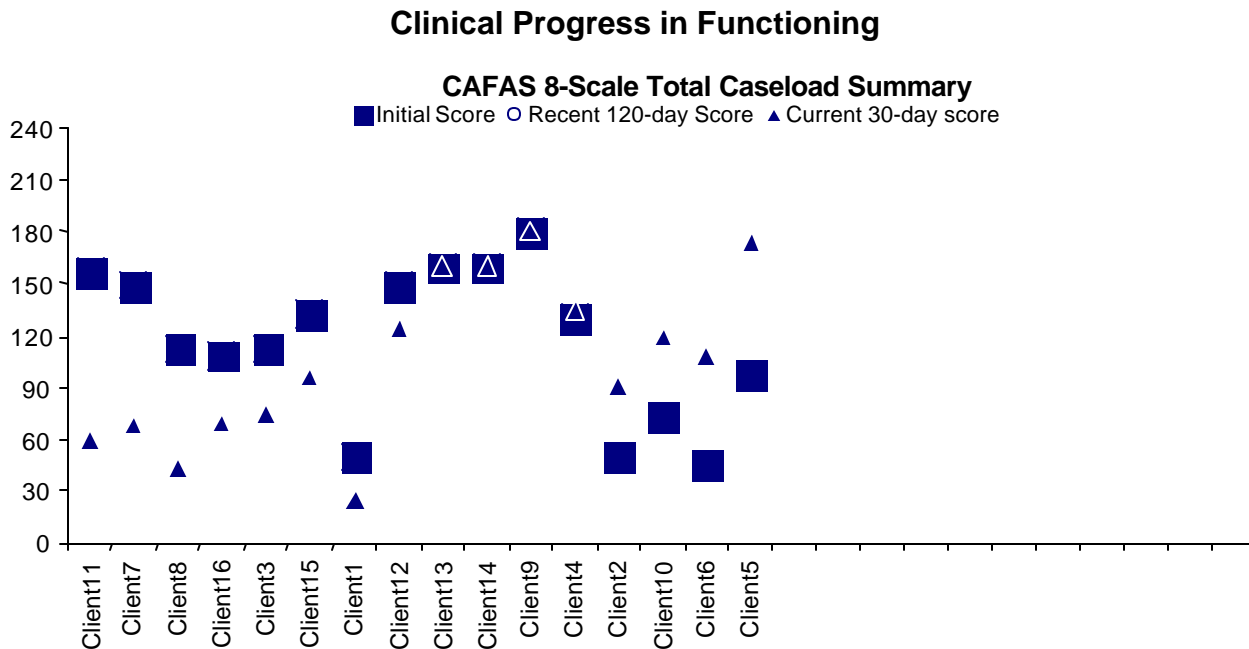
Procedures:

- If the triangle is above the circle, youth's problems have become worse in the past 120 days.
- If the triangle is below the circle, youth's problems have become improved in the past 120 days.

Reminders:

- For the CAFAS, CALOCUS, and Achenbach problem scales:
 - If the triangle is below the circle, then the youth has improved.
 - If the triangle is above the circle, then the youth's functioning has deteriorated.
- For the Achenbach Competence Scales:
 - If the triangle is below the circle, then the youth has deteriorated.
 - If the triangle is above the circle, then the youth's functioning has improved.

2b) For each youth, have their problems become better or worse since initial assessment?



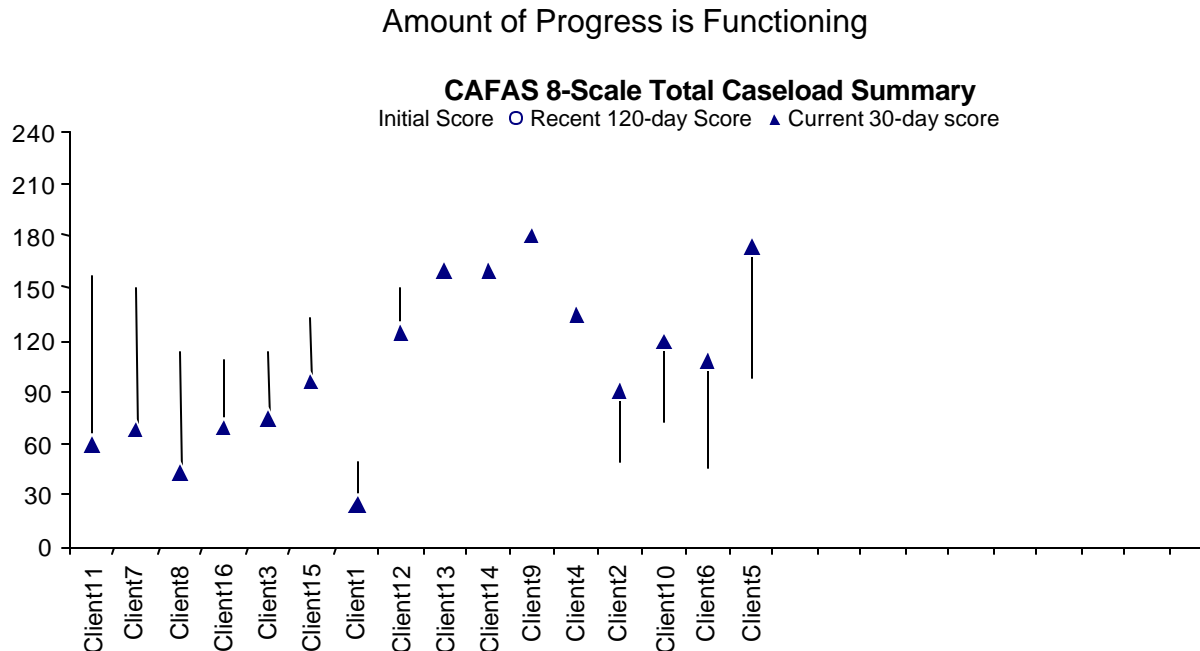
Procedures:

- If the triangle is above the square, youth's problems have become worse since first assessment.
- If the triangle is below the square, youth's problems have improved since first assessment.

Reminders:

- If no triangle is present, the "next best estimate" of overall change will be to compare the circle to the square.
- For the CAFAS, CALOCUS, and Achenbach problem scales, if the triangle is below the square, then the youth has improved.
- For the Achenbach Competence Scales, if the triangle is above the square, then the youth has improved.

3) How much have youth changed?



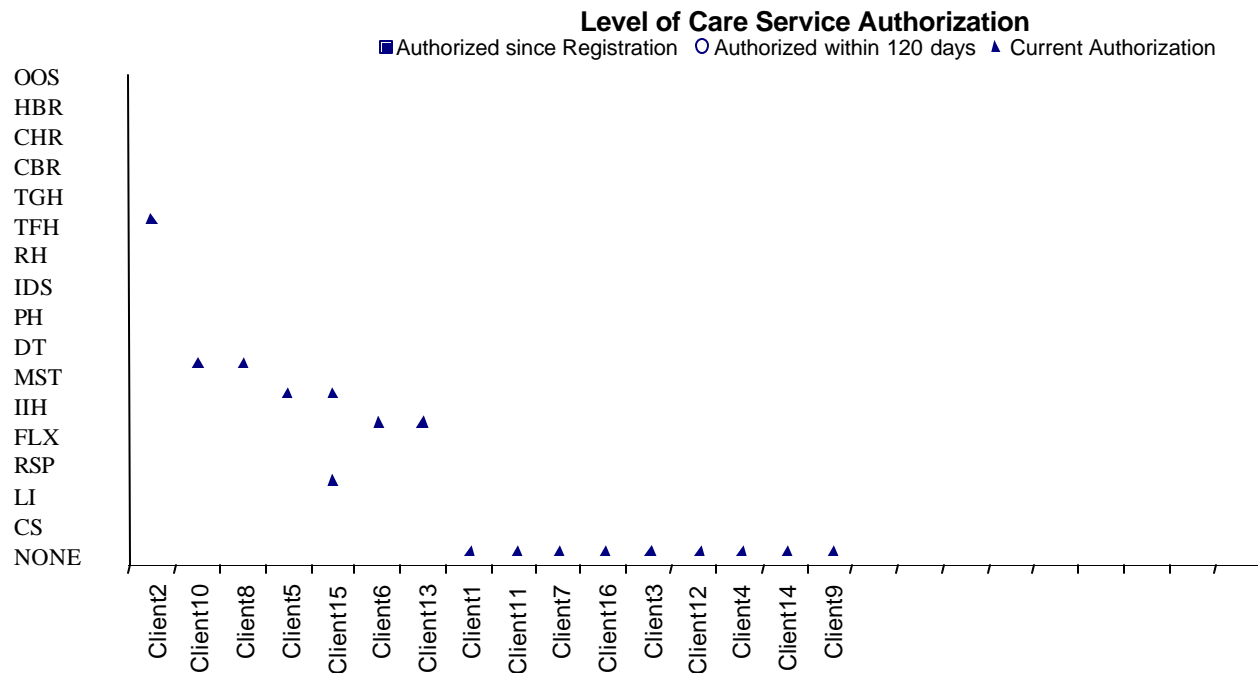
Procedures:

- Examine the length of the line.
- The longer the line, the greater the change (improvement or deterioration) in the youth's functioning.

Reminders:

- For the CAFAS, CALOCUS, and Achenbach problem scales:
 - If the triangle is below the line (like a weight), then the youth has improved.
 - If the triangle is above the line (like an arrow), then the youth's functioning has deteriorated.
- For the Achenbach Competence Scales:
 - If the triangle is below the line (like a weight), then the youth has deteriorated.
 - If the triangle is above the line (like an arrow), then the youth's functioning has improved.

4) What is the highest level of care each youth is currently authorized to receive?



Procedures:

- Examine the triangles in the level of care graph for a given youth.
- What is the highest level of care that the youth is authorized to receive?

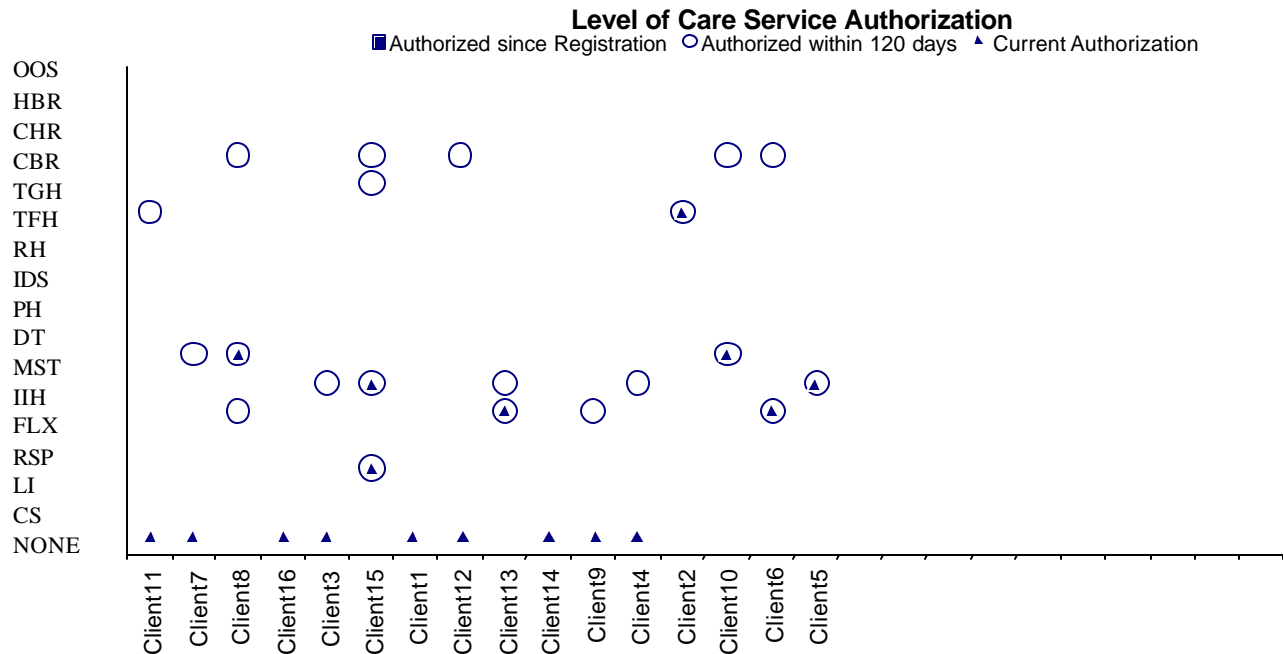
Reminders:

- The “current date” is defined as the date that the report was produced and is printed at the top of the report.
- Service authorization may be in the process of being entered into the system.
- Non-DOH procured services (e.g., DOE services) will not show up on this graph.

OOS	Out-of-State	PH	Partial Hospitalization
HBR	Hospital-Based Residential	DT	Day Treatment
CHR	Community High-Risk Residential	MST	Multisystemic Therapy
CBR	Community-Based Residential	IHH	Intensive Home and Community Services
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RH	Respite Home	LI	Less Intensive Services
IDS	Intensive Day Stabilization	CS	Crisis Stabilization

5) Which youth have stepped-up or stepped-down in their level of care within the last 120 days?

Recent Change of Setting



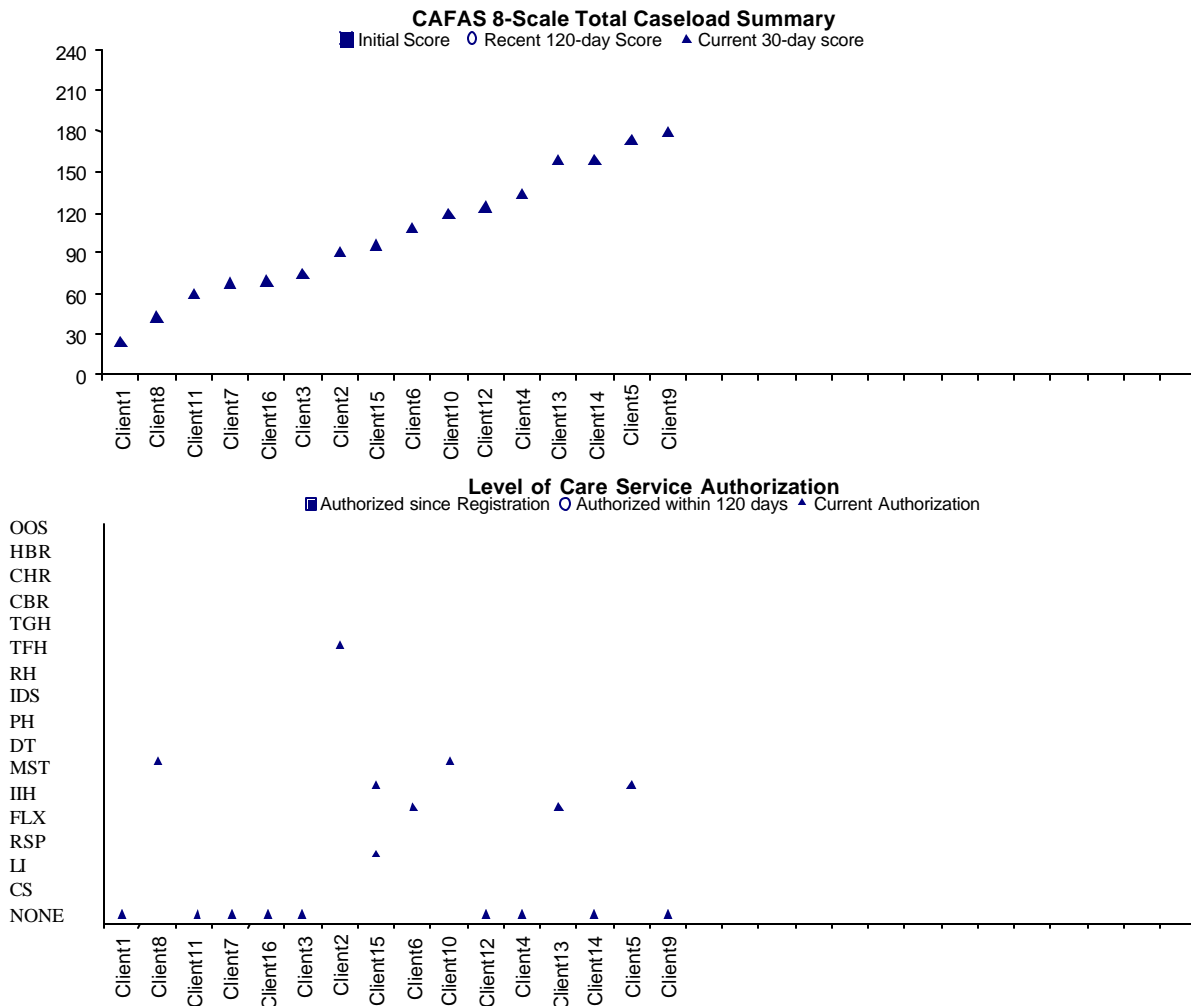
Procedures:

- Examine if multiple circles or triangles are present on the level of care graph for a given youth.
- If multiple circles or triangles are present, do they suggest appropriate, complementary levels of care?
- Is the general trend of current services authorizations more or less restrictive?

Reminders:

- Some levels of care can overlap in services authorization.
- Service authorizations and cancellations may be in the process of being entered into the system.
- Non-DOH procured services (e.g., DOE services) will not show up on this graph.

6) For each youth, does their level of functioning match or complement their authorized level of care?



Procedures:

- Compare the overall level of the triangle in the top graph with the overall level of the triangle in the bottom graph.
- Is the youth's level of care suitable to the youth's level of functioning?

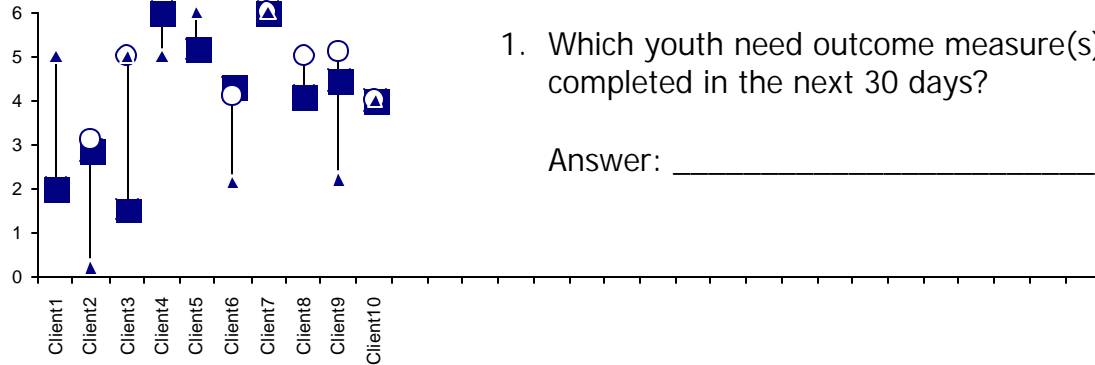
Reminders:

- For CALOCUS, CAFAS, and Achenbach Problem scales, higher scores indicate more difficulties and lower functioning.
- For the Achenbach Competence scales, higher scores indicate better competence and functioning.
- An exact match between functioning and level of care is not always expected. If a "mismatch" is present, further examination of the relevant issues is warranted. A recommendation to change levels of care should not be based solely on this information.

Putting it All Together

CALOCUS Level of Care Caseload Summary

■ Initial Score ○ Recent 120-day Score ▲ Current 30-day score

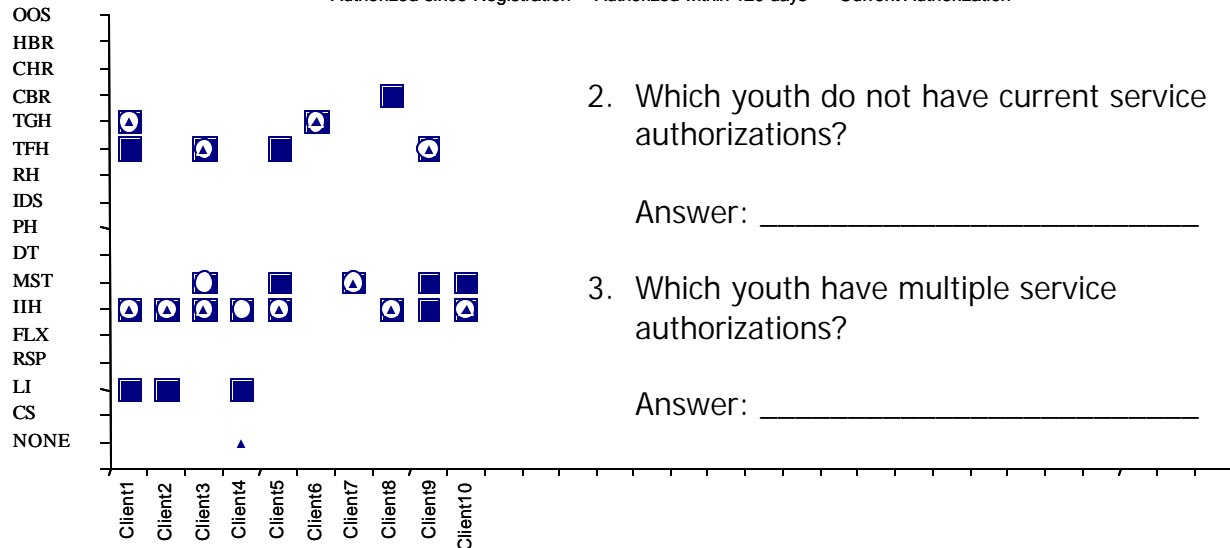


1. Which youth need outcome measure(s) completed in the next 30 days?

Answer: _____

Level of Care Service Authorization

■ Authorized since Registration ○ Authorized within 120 days ▲ Current Authorization



2. Which youth do not have current service authorizations?

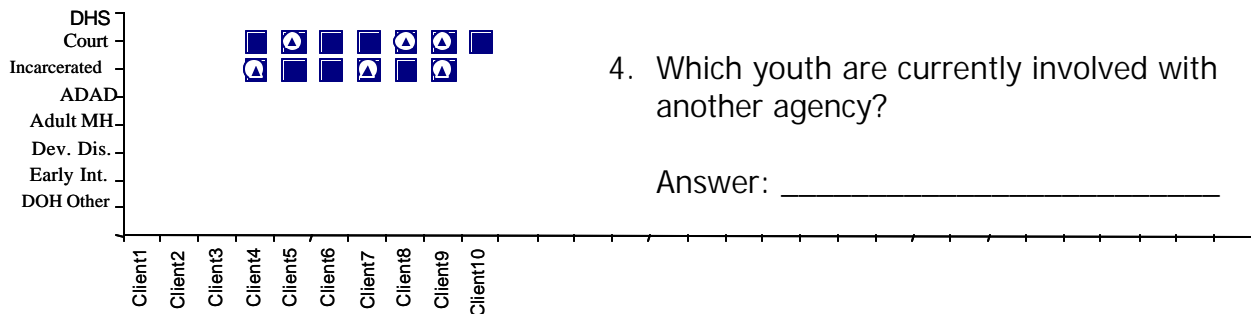
Answer: _____

3. Which youth have multiple service authorizations?

Answer: _____

Interagency Involvement

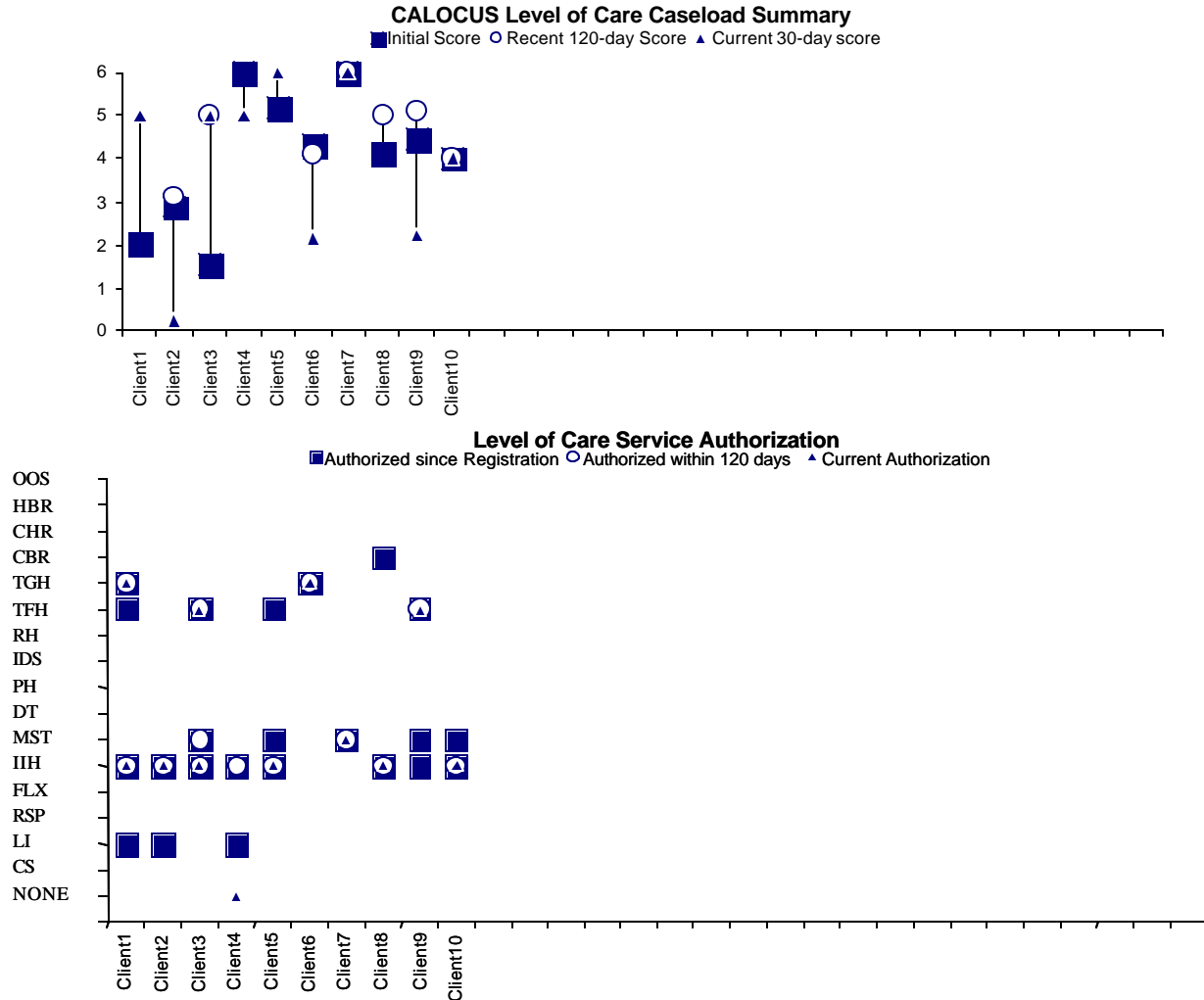
■ Involved since Registration ○ Involved within 120 days ▲ Currently Involved



4. Which youth are currently involved with another agency?

Answer: _____

Putting it All Together



- What is the current level of functioning for Client 1? _____ Client 6? _____
- Is Client 2's functioning improving or deteriorating? _____
- How much has Client 2's functioning changed recently? _____
- What is the highest level of care that Client 3 is authorized to receive? _____
- Has Client 3's level of care changed? _____
- (a) Does Client 9's functioning match the authorized level of care? _____

- (b) Does Client 10's functioning match the authorized level of care? _____

Putting it All Together - Answer Sheet

1. Which youth need outcome measure(s) completed in the next 30 days? **Client 8**
2. Which youth do not have current service authorizations? **Client 4**
3. Which youth have multiple service authorizations? **Client 1 & Client 3**
4. Which youth are currently involved with other agencies? **Client 4, Client 5, Client 7, Client 8, Client 9**
5. What is the current level of functioning for Client 1? **5** Client 6? **2**
6. Is Client 2's functioning improving or deteriorating? **Improving (Score is Decreasing)**
7. How much has Client 2's functioning changed recently? **3 Points/Levels**
8. What is the highest level of care that Client 3 is authorized to receive? **TFH**
9. Has Client 3's level of care changed? **Yes, Authorized for TFH, MST, & IIH within 120-days**
10. (a) Does Client 9's functioning match the authorized level of care? **Currently, No. Level 2 is Outpatient Services but receiving TFH. If recent progress persists, consider step-down planning. Recently, functioning (Level 5) and level of care (TFH) did match before the youth's functioning improved.**

(b) Does Client 10's functioning match the authorized level of care? **Yes. Level 4 is Intensive Integrated Services without 24-hour Psychiatric Monitoring. Authorized for Intensive In-Home Services.**

Reminder: CALOCUS Manual Level of Care Recommendations:

- Level 0: Basic Services
- Level 1: Recovery Maintenance and Health Management
- Level 2: Outpatient Services
- Level 3: Intensive Outpatient Services
- Level 4: Intensive Integrated Service without 24-hour Psychiatric Monitoring
- Level 5: Non-secure, 24-hour, Services with Psychiatric Monitoring
- Level 6: Secure, 24-hour, Services with Psychiatric Monitoring

Caseload Summary Report

Caseload Diagnostic Report

Individual Summary Report

Individual Detail Report:
Child Status Report